MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

serial no. 10/586066	FILING DATE
APPLICANT(S)	

(FOR USE WITH FORM PTO-875)									
	AS F	ILED		TER	AFTER C				
	IND. DEP.				IND. DEP.				
1	2.2.		7	DEI.	HVD.	DEI.			
2									
3									
5	ļ			 					
6			 	1-1					
7	. •								
8									
9			ļ						
10 11				 					
12				 					
13									
14									
15 16									
17									
18									
19									
20 21									
22									
23						<u>-</u>			
24									
25									
26 27									
28									
29									
30									
31 32									
33									
34									
35									
36		·							
37 38			·						
39									
40									
41									
42		i				·			
43					·····				
45									
46									
47						3.25.14			
48									
50									
	7-10		7						
TOTAL IND.		*	10	*		*			
TOTAL DEP		-	17	7	Ţ#.	-			
TOTAL CLAIMS			20						

PTO - 1360 (REV. 11/04)

	AS FILED			TER NDMENT	AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEI
51	<u> </u>					
52 53		····				<u> </u>
54				l		
55						
56						
57						
58						
59						
60						
61						<u> </u>
63		· · · · · · · · · · · · · · · · · · ·		:		
64						
65				×		
66						
67						
68						
69						
70	<u>.</u>					
71 72						
73						
74			···			
75						
76						
77						
78 79						
79 80						
81						
82						
83						
84						
85						
86						
87 88						
89				—— -		
90					-+	
91						
92						
93						
94						
95						
96 97						
98						
99						
100						
TOTAL IND.		#		+		1
TOTAL DEP		←		+		(
TOTAL					ğ	
CLAIMS		142	2		100	